



My Library Story

Name: _____

Date: _____

Address: _____

City/ZIP: _____

Phone: _____

Email: _____

Everyone has a library story and we want to hear yours. If you have a memory of a library experience, please use this form to submit a short (approximately 140 word) story about it. The Lodi Public Library Foundation will select some of the stories to be used for promotional purposes. This might include publication in a local newspaper.

